NECA: The Gate

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service environment was clean, tidy and well maintained. Health and safety checks including fire and legionella testing were up to date. There were appropriate arrangements in place for disposal of clinical waste and vaccines for the treatment of blood borne infections were stored safely in a fridge.
- Prescription pads were stored securely and there were safe systems in place for the destruction and loss of prescriptions to prevent fraudulent use of the forms and prescribed medicines.
- Staff sickness absence figures were low. Staff absences were rare and the service had not used bank or agency staff within the 12 months prior to the inspection visit. Staff absences could be covered by staff at other NECA services.
- Staff either had completed mandatory training or were due to complete it within the next few weeks.

Summary of findings

- The Gate's service for young people operated an out of hours service if required and worked with the police during evenings to do outreach work with young people misusing alcohol.
- Care records contained well-documented risk assessments and physical health checks. Clients at the service had a recovery plan in place, which was regularly updated.
- Safeguarding training was mandatory for all staff. The service had systems in place to reduce the risk of clients passing on their medication to another person for illicit purposes.
- Clients and carers told us that staff were kind, caring and respectful towards them. Staff spoke with clients in a friendly manner and the clients appeared comfortable speaking to them. Family members and friends could be involved in clients' care and treatment. Clients were able to take an active involvement in the development of their care planning arrangements and had been given or seen a copy of their care plan.
- Between October and November 2015, the service conducted a client feedback survey and the results were overwhelmingly positive.
- The service's policies around prescribing medication followed the National Institute for Excellence in Care and the Drug Misuse and Dependence: UK guidelines on clinical management book (more commonly known as the Orange Book) guidance.The service had a process in place for dealing with clients who had dropped out of treatment unexpectedly.
- NECA confirmed there were no serious incidents at The Gate requiring investigation and no serious case reviews at the service within the last 12 months. All staff at The Gate were able to report incidents and lessons learned from incidents were shared amongst the team to inform best practice.
- The service had its own Duty of candour policy. Staff gave examples of being open and honest with clients when incidents or mistakes happened. They were aware of the need to keep clients fully informed and provided information throughout any investigations or complaints made.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary

Summary of findings

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Summary of this inspection

Background to NECA: The Gate

The Gate is part of the NECA group (North East Council on Addictions). It is a recovery and wellbeing service, which supports people who chose recovery as a way out of dependency on drugs and alcohol. The service offered a 'recovery orientated' approach to drug and alcohol misuse including:

- a harm reduction open access service;
- an open access service offering advice, information and support;
- a prescribing service including specialist GP sessions;
- psychosocial interventions;
- a family and carers support service;
- one to one appointments and recovery group work;
- access to peer mentoring and mutual aid services and;,
- a young people's service.

At the time of our inspection visit, the service had approximately 1,900 registered clients with around 1,000 accessing the service within the previous 12 months. On average, 270 clients access the service on a weekly basis.

The Gate received its funding from the Darlington Borough Council.

The Gate has been registered with the Care Quality Commission since 23 January 2012 to provide diagnostic and screening procedures and treatment of disease, disorder and injury. The service has a registered manager appointed.

There were three previous inspections carried out at The Gate, the most recent being in January 2014. There were no compliance issues identified during these previous inspections.

Our inspection team

The team that inspected the service comprised of Care Quality Commission inspector Rob Burdis (inspection lead), one other Care Quality Commission inspector, a Care Quality Commission pharmacist inspector and a nurse acting as specialist advisor to the Care Quality Commission.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

This was an announced comprehensive inspection.

Before the inspection visit, we reviewed information that we held about the location and requested information from the provider.

During the inspection visit, the inspection team:

Summary of this inspection

- visited both services at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with nine clients
- spoke with the registered manager and the lead nurse
- spoke with eight staff members employed by the service provider, including nurses and support workers
- spoke with three staff members who worked in the service but were employed by a different service provider, including a clinical psychologist and addictions counsellors
- received feedback about the service from seven care co-ordinators or commissioners
- spoke with three peer support volunteers
- attended and observed two hand-over meetings, a multidisciplinary meeting, and a daily meeting for clients
- collected feedback from clients who had completed nine Care Quality Commission comments cards and 27 of The Gate's own comments cards
- looked at 12 care and treatment records, including medicines records, for clients
- observed medicines administration at lunchtime
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with eleven clients and carers who told us that staff were kind, caring and respectful towards them.

We looked at 36 comments cards completed by clients who used the service. Thirty-one clients said staff were caring and supportive. The other five cards contained negative comments in relation to the lack of free refreshments at the service and did not relate to care and treatment received at The Gate.

Clients told us that staff at The Gate had helped them to find accommodation and that they were allowed to come to the service without appointments if they worked away from home so they could get help and support whenever they needed.

Between October and November 2015, the service conducted a client feedback survey, which asked for their views across the whole of its service provision. There were 168 responses to this survey and the results we were shown indicated that:

- ninety-nine percent of respondents found the service offered a safe environment
- ninety-three percent of respondents would recommend the service to others
- ninety-nine percent of respondents felt the service had helped them
- ninety-eight percent of respondents felt staff at the service treated them with respect
- ninety-nine percent of respondents said they had a recovery plan in place with 96% saying they were involved in updating this regularly
- ninety-five percent of respondents felt their views were taken into account.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service environment was clean, tidy and well maintained. Health and safety checks were up to date. Arrangements were in place for the safe disposal of clinical waste. Rooms used for client appointments were fitted with alarms and there was a procedure on the steps to take if an alarm was raised.
- Blood borne virus vaccines were stored securely in a fridge within the required temperature range. Prescription pads were stored securely and there were safe systems in place for the destruction and loss of prescriptions to prevent fraudulent misuse.
- Staff sickness absence was low, bank or agency staff had not been used within the 12 months prior to the inspection and, staff absences were covered by staff at other NECA services.
- Staff either had completed their mandatory training or were due to complete it within the next few weeks.
- NECA had safeguarding policies for children and vulnerable adults and a public interest disclosure policy, more commonly known as whistleblowing. Staff knew what to do if a safeguarding concern arose and safeguarding training was mandatory for all staff.
- The Gate's service for young people operated an out of hours service and worked with the police during evenings to do outreach work with young people misusing alcohol. An out of hours answerphone message gave the phone number for the Darlington accident and emergency service for other clients using the service. The Gate was open six days a week and until late two nights of the week.
- The service's risk assessment tool included a comprehensive risk assessment and risk management plan. Care records contained well-documented risk assessments and physical health checks. Relationships between different clients were recorded within care record notes so any known conflicts could be safely managed.
- There were no serious incidents at The Gate requiring investigation and no serious case reviews at the service within the last 12 months.Meetings were held within the service following completion of incident reports to discuss any lessons learned. They were also discussed during staff supervisions and appraisals.

Summary of this inspection

- The service had a Duty of candour policy and staff knew about their responsibilities under it in relation to being open and honest with clients when incidents or mistakes happened.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Comprehensive assessments were carried out. Assessments were used to identify risks to clients and to ensure that processes were in place to help minimise risks and to provide clients with appropriate levels of care and support.
- Clients were offered physical examinations. This included tests for blood borne viruses and checks on injection sites to ensure there was no infection or damage to veins.
- Clients were given information on how their information could be shared and were asked for signed consent to ensure they were aware of this and agreed to this.
- Care and treatment was delivered in line with guidance from the National Institute of Health and Care Excellence and the Department of Health.
- Staff working at the service used Treatment Outcome Profiles to monitor clients' treatment and progress.
- NECA included training in the Mental Capacity Act as part of their mandatory requirements and had its own Mental Capacity Act policy. The staff we spoke with at The Gate were aware of the Mental Capacity Act and showed a good understanding of what capacity was and how capacity could fluctuate if clients were under the influence of alcohol or drugs.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients and carers told us that staff were kind, caring and respectful towards them and the majority of comments cards completed by clients echoed these comments. Staff spoke with clients in a friendly manner and the clients appeared comfortable speaking to them.
- Clients were helped to find accommodation and were allowed to come to the service without appointments if they worked away from home so they could get help and support whenever they needed.

Summary of this inspection

- A room was available for clients to make personal calls and the reception desk was fitted with a microphone so clients could speak at a low volume whilst still being heard by staff covering the reception area.
- Clients felt supported to understand and manage their own health needs and were offered a choice of treatments.
- Clients were able to take an active involvement in the development of their care planning arrangements and had either seen or been given a copy of their care plan. Friends and family members could be involved in clients' care and treatment. Care records showed that clients' views had been considered when recovery plans were developed.
- The service ran a client and carer survey between October and November 2015 and the results were positive.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There were clear processes and policies in place for times when clients did not attend appointments. Action taken was based on client risk with immediate attempts made to contact high-risk clients and case reviews if contact was not successful.
- The harm reduction waiting area contained a 'you said, we did' board, which gave information on suggestions made by clients and changes made to the service as a result of these.
- Information was available to clients in alternative formats, including braille and large print. Staff were also able to access interpreting services, allowing them to help clients whose first language was not English.
- The service had been awarded the disability two ticks award for ensuring the services provided were accessible to all.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We looked at seven personnel files of staff working at the service and all seven staff had received regular supervision, probation reviews and annual appraisals.
- The Gate used key performance indicators to monitor its service delivery. Staff told us that clinical governance meetings were held on a monthly basis and managers felt they had enough authority to carry out their roles effectively.
- There was protected learning time for staff and managers at The Gate, which ensured quality of care; learning and continual

Summary of this inspection

improvement took place and that staff were competent and compliant with any potential changes within policies, procedures and allowed for the sharing of good practice and discussion around service developments.

- The Gate had recently implemented an incentive raffle draw for clients to enter when they returned their used equipment back to the service. This helped to increase the service's client return rates.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 is a law designed to protect and empower people who may lack the mental capacity to make decisions for themselves. The Act applies to people aged 16 years and over. It must be considered where people may be unable to make a specific decision at a specific time and where they meet the eligibility criteria of the Act.

NECA included training in the Mental Capacity Act as part of their mandatory requirements. The training package provided included information on the five statutory principles of the Act, best interest decisions and advocacy services. At the time of our inspection, all staff working at the service had received training in the Mental Capacity Act. NECA had its own Mental Capacity Act policy.

Staff we spoke with were aware of the Mental Capacity Act and showed a good understanding of what capacity was and how capacity could fluctuate if clients were under the influence of alcohol or drugs. If clients were suspected of being under the influence of substances, they were asked to return to the service when they were sober.

Staff told us that the majority of people who attended the service did not suffer from cognitive impairments however, all staff were aware of the need to assess capacity. Staff told us they knew who to speak with if they needed help or had a query relating to capacity.

We looked at the care records of 12 clients. We found consent to share information paperwork was present in all 12 records. The paperwork included the need to share information with other organisations and the national drug treatment monitoring system.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The rooms and areas used by clients at the service were clean, tidy and well maintained. Hand sanitiser was in rooms throughout the service. Closed circuit television was in operation at the service, which recorded activity within the premises and outside the front of the building.

The tests for health and safety, including fire, gas and electrical wiring were up to date. Trained staff had carried out a health and safety inspection of the premises on 23 March 2016. Fire alarms at the service were tested on a weekly basis and a fire evacuation drill had taken place in June 2016.

Clinic rooms had appropriate equipment in place including an examination couch, blood pressure monitoring equipment, and scales. There were arrangements in place for safe disposal of clinical waste. Vaccines held by the service for the treatment of blood borne infections were stored in a fridge at a temperature in line with the Royal Pharmaceutical Society guidance. The expiry dates of vaccines and emergency medicines for anaphylaxis and overdose were date checked regularly ensuring that they were safe to use. Staff received training on an annual basis.

The service carried out a legionella test in October 2016 and an infection control audit took place in March 2016. Control of Substances Hazardous to Health Regulations (COSHH) risk assessments were due to be completed in January 2017. These Regulations require employers to control exposure to hazardous substances to prevent ill health.

Prescription pads were stored securely and there were safe systems in place for the destruction and loss of prescriptions to prevent fraudulent use of the forms and prescribed medicines.

Safe staffing

At the time of our inspection visit, the service's staff in post was:

- one service manager (also registered manager)
- one recovery team lead
- one harm reduction team lead
- one young people's team lead
- five recovery and wellbeing coordinators
- one family and carers coordinator
- one building recovery in communities worker
- two health and wellbeing facilitators
- two 12 step mutual aid facilitators
- three nurses
- three harm minimisation recovery and wellbeing project workers
- four administrator's
- one care navigator funded by Durham Police, Crime & Victims' Commissioner.

The service used the number of existing staff and clients and clients on waiting lists to calculate its staffing requirements. At the time of our inspection visit, the number of client cases stood at 554.

Staff sickness absence figures for the service were low at 2% at the time of our inspection visit. Staff absences were rare and the service had not used bank or agency staff within the 12 months prior to the inspection visit. The service employed one temporary administrator to cover a long-term absence. When there were staff absences at the service, staff at other NECA services covered the absent staff's' appointments.

All staff working at the service, including any volunteers, were required to have Disclosure and Barring checks completed before commencing work. Details of these checks were kept within staff personnel files. During our inspection, we looked at the personnel files of seven staff

who worked at the service. All files contained details of disclosure and barring service checks, including the date they were carried out, the reference number of the check and if there had been any convictions.

Staff either had completed their mandatory training or were due to complete the final elements within the next few weeks. Mandatory training included safeguarding, the Mental Capacity Act and Deprivation of liberty safeguards.

The Gate's adult services did not offer an out of hours service but an answerphone message gave the phone number for the Darlington accident and emergency service. The Gate was open until late some nights of the week. They also told us that clients with physical health emergencies were also directed to Darlington's accident and emergency service. The Gate's service for young people did work out of hours if required and worked with the police during evenings to do outreach work with young people misusing alcohol.

Assessing and managing risk to clients and staff

The service used a risk assessment tool that included a comprehensive risk assessment and risk management plan. We looked at eight care records during our inspection visit, which contained well-documented risk assessments and physical health checks.

Relationships between different clients were recorded in care record notes so any known conflicts could be safely managed by booking separate appointment times or arranging for each client to use a different entrance to the building. Children who used the service were seen offsite and kept separate from adult clients.

Rooms that were used for client appointments were fitted with alarms. We were shown a copy of the service's alarm procedure, which provided guidance on what steps to take in the event of an alarm being raised by a member of staff.

NECA had safeguarding policies for children and vulnerable adults and a public interest disclosure policy, more commonly known as whistleblowing. These were accessible to staff at The Gate through the NECA intranet. Staff knew what to do if a safeguarding concern arose. Staff gave examples of the possible signs of abuse of a client such as changes in behaviour, bruising, wounds and self-neglect. Safeguarding training was mandatory for all staff and refresher training was delivered on a yearly basis.

Staff were trained in managing aggressive behaviour. People visiting the service were not searched but clients were expected to leave their bags with reception staff if they needed to use the toilets.

The service assessed clients' suitability to collect and keep their medication at home.The assessment took into account the client's mental capacity, how well they were engaging with their treatment, results of urinalysis or swab tests, the dosage of the client's medication and whether there were children living at client's home.

We were shown one of the lockable boxes the service provided to clients to store their medication safely at home. This meant only the client could access the medication inside which reduced the risk of it being consumed by children or others living at the home.

To reduce the risk of clients passing their medication to others for illicit purposes, only those clients on a stable prescription or had tested negative for illicit drugs were allowed to pick up their medication on a weekly basis. The Gate had 17 supervised consumption programmes in place with pharmacies in the Darlington area at the time of our inspection.

NECA had a prescribing policy in place which covered prescriptions made by non-medical prescribers. Policies around prescribing medication followed the National Institute for Excellence in Care and the Drug Misuse and Dependence: UK guidelines on clinical management book (more commonly known as the Orange Book) guidance.

The service had a process in place for managing clients who had left treatment unexpectedly. The service would attempt to contact the client, their GP and pharmacy and other care services involved in the client's care. If after three attempts, the client had still not engaged with the service, they were discharged and sent a letter that explained they could contact the service at any time.

Track record on safety

In the 12 months prior to our inspection visit there were no safeguarding concerns or safeguarding alerts received by the Care Quality Commission in relation to the service.

NECA confirmed there were no serious incidents at The Gate requiring investigation within the last 12 months.

There had been no serious case reviews at the service within the last 12 months.

Substance misuse services

Reporting incidents and learning from when things go wrong

NECA had an incident reporting policy in place for any incidents relating to clients within its services. The Policy included the expected timescales for staff to report incidents.

All staff, including bank and agency staff were able to report incidents. Staff gave examples of incidents including prescription errors, accidents, violence and aggression between clients, concerns about a client self-harming or threatening others and disclosure of client information without their consent. If an incident related directly to a client, a paper copy of the report was held within the client's file and their case record was updated.

'Lessons learned' meetings were held within the service following completion of incident reports. These meetings focused on lessons learned and outcomes from investigations. Lessons learned were also discussed during staff supervisions and appraisals.

Duty of candour

The service had a Duty of candour policy. Staff gave examples of being open and honest with clients when incidents or mistakes happened. They were aware of the need to keep clients fully informed and provided information throughout any investigations or complaints made.

Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

The service provided recovery advice, harm minimisation and a needle exchange. Staff working in the service completed an initial registration and assessment for clients the first time they attended services. Initial assessments differed between the services, with assessments for those using the recovery service being more in depth.

Initial assessments were carried out during clients' first attendance and were fully completed at their next appointment. Assessments were used to establish what substances clients used and where they needed help. For example, the assessment included questions around tobacco products, drug and alcohol use as well as gambling. However, this did not mean clients wanted help with all of these things.

Staff also used the initial assessment to review initial risks, including things like self-neglect, homelessness, pregnancy and unsafe sexual behaviours. Risks were scored from one to three and were used to determine the urgency of follow up assessments. Comprehensive assessments were completed immediately for clients identified as being a high-risk.

We reviewed the records of 12 clients who used the service and found all of these contained the appropriate assessment forms, with risks detailed and assessed to ensure clients received the appropriate level of care and support.

Clients were offered physical health examinations when the first presented at the service. This included checking clients' blood pressure and pulse as well as carrying out urine screening tests for alcohol and drugs. Clients were also offered blood borne virus testing to ensure they had not contracted communicable diseases like hepatitis. Where clients had been injecting substances, medical staff were able to check injection sites to ensure there was no infection or damage to veins. If any concerns were noted during the physical examination, staff were able to inform clients of potential health problems, which enabled them to seek advice from their GP.

As part of the initial assessment process staff spoke with clients about information sharing and confidentiality. Clients were asked for their consent to share information with other agencies, including, GPs, probation services, mental health services and social care services. Clients were given the option on what level of information they wished to be shared. For example, they may have agreed that social care services were able to have full written information but only appointment details were shared with probation services.

Clients were also told about information provided to Public Health England and the National Drug Treatment Monitoring System who required some details for statistical and data analysis.

The clinical team did not provide a dispensing service onsite. Clients' prescriptions were sent to one of the preferred pharmacies working with the service. Where

appropriate, clients who were on opioid substitute treatment were required to take their medication in front of pharmacy staff. This helped to ensure that medication was not transferred to another person for illicit use. Where prescriptions were sent to pharmacies, a reminder was included, which requested pharmacy staff contact the service if a client did not attend for their medication for three days. This helped to prevent the possibility of overdose due to reduced tolerance levels after this period.

We looked at the clinical management plans of 12 clients and found all had been reviewed regularly.

Best practice in treatment and care

NECA's Quality and Clinical Governance policy incorporated treatment models and concepts, which included evidence, based interventions, as recommended by the National Institute of Health and Care Excellence and the Drug and Alcohol National Occupational Standards.

Services were delivered in line with the Department of Health's Drug misuse and dependence guidance PH51 and PH52. Staff also followed the National Institute of Health and Care Excellence clinical guidance CG52, opioid detoxification for drug misuse as well as treatment pathways with local practices and policies reviewed against relevant guidance.

Clinical staff we spoke with had a good knowledge of guidance and treatment options available to clients. Staff carried out physical health assessments for all new clients, which covered areas like sexual health, oral health, exercise, personal care and height and weight. When clients came in for future appointments staff routinely asked if there had been any changes. Further physical health checks were carried out annually.

Where necessary, staff followed guidance for additional physical health checks. For example, where clients were prescribed 100mgs or more of methadone, guidance stated that an annual electro-cardiogram should be carried out. Details of tests carried out were recorded and if any concerns were identified, staff were able to inform clients of treatment recommendations. This helped to ensure clients were able to seek medical help from a GP if needed.

Prior to starting treatment, clients were provided with information on treatments available. This included potential adverse effects or health implications and gave clients the opportunity to make an informed decision about their treatment.

Patient group directions were used within the service, which were in line with the Royal Pharmaceutical Society guidance. These are written instructions that allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription.

The prevention side of the service was located in the lower ground floor of the building. There was a separate entrance and waiting area for clients using this service. Although there were dedicated staff for this service, staff in both services told us they were confident in giving advice on harm reduction. Harm reduction refers to policies, programmes and practices that aim to reduce the harm associated with the use of drugs and alcohol in people who are unable to stop. This included advice on action to take in the event of needle stick injuries. In addition, staff were able to give advice on tests that could be carried out to detect blood borne viruses and vaccinations, which could be given to reduce the risks of contracting these.

We spent time observing interactions between staff and clients of both services. We saw staff interacting effectively with clients, asking them about their physical health and whether they had any concerns that they would like to speak with a doctor about.

Staff engaged with clients with the use of both one to one and group sessions. The service used Treatment Outcome Profile. The Treatment Outcome Profile is an independent system, which is completed at the start of a client's treatment and is subject to ongoing monitoring until the client is discharged from the service. This allowed staff to assess effectiveness of treatment and to make positive changes where needed.

Staff offered clients a range of therapeutic activities to help them through treatment. This included an allotment project, art and media group, music group and a family and carers support group.

Skilled staff to deliver care

The service employed 33 staff. Recruitment was carried out with the use of person specifications as well as job

descriptions. This allowed applicants to ensure they had the knowledge and skills required to carry out the role. All new employees were subject to a probationary period in their role.

All new staff were required to participate in an induction process. This was a two-part process, which included a local induction and another at NECA's headquarters. The induction process included health and safety, equality and diversity and the introduction to policies and procedures for the service. Staff were also required to spend time shadowing another staff member. Induction training met with the Care Certificate standards for care.

With the exception of staff who were still in their probationary period, staff working at the service received supervision every month. This was usually carried out by their line manager. Staff who were still on probation received fortnightly supervision. This allowed managers to ensure that new staff were managing their role and to deal with any concerns early in the employment process.

All staff were required to participate in an annual appraisal with their line manager. In the 12 months before our inspection, 100% of staff who had been with the service for more than a year had had an appraisal. There were six staff members who had not received an appraisal but this was due to them being employed at the service for less than 12 months.

We looked at the personnel files of seven staff employed at the service. All files showed staff had received regular supervision, appraisals and where required, probationary reviews.

Multidisciplinary and inter-agency team work

Staff reviewed the needs of clients regularly. When clients came into the service, staff spent time speaking with them and asking how they were managing through their treatment. We spent time observing one to one sessions and saw staff knew clients well and they spent time speaking with them about their family and employment concerns. This helped staff with ongoing assessment of needs and fed into client recovery.

We spoke with the recovery team lead who told us weekly meetings were held to discuss case management and clients. Monthly recovery service meetings were held to discuss development, resources, client feedback, risks, funding opportunities and training. We also spoke with the lead of the young people's service. We were told meetings were held fortnightly but if there was a need, they could be more regularly. Meetings were used to discuss high-risk clients and child access point referrals. The team had good links with local child and adolescent mental health services and often attended appointments between the young person and these services. There were also effective links between the local housing support service and police in an effort to engage with young people using alcohol.

Staff worked closely with representatives from other services including the local safeguarding authority, police and probation services. Staff made clients aware of their responsibilities with regards to keeping people safe, including children and vulnerable adults.

Staff worked with other organisations submitting reports for conferences where there may be concerns, attending meetings and discussing the needs of clients and how they may be able to help. Staff also signposted clients to mutual aid services like narcotics anonymous and alcoholics anonymous, where they could obtain additional support for their addictions.

Good practice in applying the MCA

The Mental Capacity Act 2005 is a law designed to protect and empower people who may lack the mental capacity to make decisions for themselves. The Act applies to people aged 16 years and over. It must be considered where people may be unable to make a specific decision at a specific time and where they meet the eligibility criteria of the Act.

NECA included training in the Mental Capacity Act as part of their mandatory requirements. The training package included information on the five statutory principles of the Act, best interest decisions and advocacy services. At the time of our inspection, all staff working at the service had received training in the Mental Capacity Act. NECA had its own Mental Capacity Act policy.

Staff we spoke with were aware of the Mental Capacity Act and showed a good understanding of what capacity was and how capacity could fluctuate if clients were under the influence of alcohol or drugs. Where clients were suspected of being under the influence of substances, they were asked to return to the service when they were sober.

Substance misuse services

Staff told us that the majority of people who attended the service did not suffer from cognitive impairments however, all staff were aware of the need to assess capacity. Staff told us they knew who to speak with if they needed help or had a query relating to capacity.

We looked at the care records of 12 clients. We found consent to share information paperwork was present in all 12 records. The paperwork included the need to share information with other organisations and the national drug treatment monitoring system.

Equality and human rights

NECA had policies in place, which set out their responsibilities in relation to equality and diversity. NECA and were equal opportunities employers and as part of this carried out equality impact assessments for all aspects of the service. These impact assessments helped to ensure service delivery was free from potential discrimination and focused on the needs of the diverse community it served.

Equality impact assessments took into account the nine protected characteristics as determined by law. Equality and diversity information was documented in the client's records.

The service approach to equality and diversity has earned it both the equality standard gold award and the disability two-tick award. The disability two ticks scheme is a recognition given by Jobcentre Plus to employers based in Great Britain who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees. These actions are:

- to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities
- to ensure there is a mechanism in place to discuss, at any time, but at least once a year, with disabled employees what can be done to make sure they can develop and use their abilities
- to make every effort when employees become disabled to make sure they stay in employment
- to take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- each year to review the five commitments and what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans.

These awards included policies and procedures that actively promoted equality and promotion of a diverse culture. NECA was also a disability confident employer.

Management of transition arrangements, referral and discharge

The service took referrals from a variety of sources, including the local authority, probation service, health services and general practitioners as well as self-referrals.

In addition, the service worked with clients who had been transferred from substance misuse services in other areas. Where clients were transferred, they received an initial appointment where staff gathered information from clients about treatments they had been receiving and any medications they were taking.

Staff were aware of how to share information securely with other services. The service had introduced a new training package in relation to information handling for all staff working at the service. This helped to ensure that staff were able to gather relevant information safely and securely.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with eleven clients and carers who told us that staff were kind, caring and respectful towards them. Clients were helped to find accommodation and were able to come to the service without appointments if they worked away from home so they could get help and support whenever they needed.

We looked at 36 comments cards completed by clients who used the service. Thirty-one clients said staff were caring and supportive. The other five cards contained negative comments but these were not in relation to the care and treatment received at The Gate.

All staff at the service were aware of the need to respect the confidentiality of people who used the service. A room was

available for clients to make personal calls and the reception desk was fitted with a microphone so clients could speak at a low volume whilst still being heard by staff covering the reception area.

During our tour of the service, we witnessed the interaction between staff and clients. Staff spoke with clients in a friendly manner and the clients appeared comfortable speaking to them.

The involvement of clients in the care they receive

All clients at the service had a recovery plan in place, which was regularly updated.

Clients told us that they felt supported by staff at the service and were helped to understand and manage their own health needs such as sexual health, nutrition and drug and alcohol use. Clients said were offered a choice of treatment options such as methadone and subutex or rehabilitation programmes. Clients and carers told us that family members and friends could be involved in clients' care and treatment if they wished to be.

Clients said they had taken an active involvement in the development of their care planning arrangements. They had either been given or seen a copy of their care plan. The care records we looked at showed that clients' views had been considered when recovery plans were developed.

Between October and November 2015, the service conducted a client feedback survey, which asked for their views across the whole of its service provision. There were 168 responses to this survey and the results indicated that:

- Ninety-nine percent of respondents found the service offered a safe environment.
- Ninety-three percent of respondents would recommend the service to others.
- Ninety-nine percent of respondents felt the service had helped them.
- Ninety-eight percent of respondents felt staff at the service treated them with respect.
- Ninety-nine percent of respondents said they had a recovery plan in place with 96% saying they were involved in updating this regularly.
- Ninety-five percent of respondents felt their views were taken into account.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

NECA provided care through The Gate, in response to local need. Needs were assessed by local commissioning groups with staff reviewing and amending service delivery to ensure the service remained relevant to changing needs. This included monitoring clients accessing the service by population group and taking positive action to address under-representation.

The service provided open access to people six days a week with late night opening times two days a week. This meant no appointment was required for initial appointments or assessments and the service was accessible to as many people in the area as possible. Clients we spoke with told us they had never had an appointment cancelled and their appointments always ran to time.

At the time of our inspection, the service had 16 clients on their waiting list. This included 12 who required support for drug use and four requiring support for excessive alcohol use, with the longest waiting period being 71 days.

NECA had a policy in place, which outlined the action staff should take if clients did not attend appointments. The action to be taken was based on risk and knowledge of the client. However, if a client is deemed to be high risk, an immediate attempt to contact them via the telephone must be made. If no contact was made, a case review was to be carried out and a decision regarding next actions to be agreed. This may have included notifying other agencies or family in an attempt to initialise contact and ensure the client is safe. The percentage of client's, who had not attended offered appointments in the 12 months up to 1 September 2016, was 13% for adults and 16% for young people's services.

In the same period, 377 clients were discharged from the adults' services and 62 clients from the young people's services. At the time of our inspection, the service was meeting their annual target for the number of alcohol and non-crack and opiate users successfully exiting treatment.

Substance misuse services

The facilities promote recovery, comfort, dignity and confidentiality

The service was delivered from a 19th century building near to Darlington town centre. Access to the harm reduction service was via a door at the rear of the building, on the lower ground floor, with the main entrance being on the ground floor at the front of the property. Clients visiting the service accessed the building using a door bell and under staff supervision.

The harm reduction service waiting area had toilets for client use off the main waiting area. These were kept locked due to safety concerns, but clients were able to request the key from staff if they wished to make use of these.

Staff used various rooms to see clients in one to one and group sessions however, all required access with a fob. The service had a number of rooms, which were used to see clients including clinic rooms, counselling room, activities room and a music room.

The reception area of the recovery service had recently been decorated and had new seating. The service was accessible to people with mobility issues and clients were able to access all floors, as there was a lift in place.

The harm reduction waiting area was located in the lower ground floor of the building and although a darker space it was well decorated and housed a 'tree of remembrance' where clients were able to leave messages for friends or family who had passed away. In both the recovery and harm minimisation services there were comments boxes. This part of the service also had a 'you said, we did' board which detailed changes that had been made following comments and suggestions from clients.

Throughout the service, we saw posters and leaflets giving clients information on services that were offered, groups they were able to attend and helplines available. These included advocacy, family and carers groups, vaccines for hepatitis B and C and blood borne virus testing. We also found there was information on how clients could make a complaint about the service.

Meeting the needs of all clients

Staff told us they were able to access interpreters if required and make leaflets available in other languages.

The Gate provided support services for various client groups. This included a women's group, family and carers group and young people's groups. There was a music room, which was used for the 'Rockovery' group on Monday evenings where clients could learn to play instruments and take their minds away from their addictions. There was also a large activities room which contained pool tables used by clients during groups.

Listening to and learning from concerns and complaints

In the 12 months prior to our inspection, up to 1 September 2016, the service had received only one complaint. There were no complaints referred to the parliamentary and health service ombudsman during this time.

Complaints were dealt with by staff who were employed by NECA with service managers being responsible for reviewing complaints and dealing with any concerns which had not been resolved satisfactorily. If complaints were still not resolved, they were sent to a panel who reviewed the complaint and the action taken to resolve it. All formal complaints were responded to in writing and learning was shared with staff during meetings and supervisions.

Clients we spoke with told us that staff listened to them and they felt any concerns they may have would be dealt with promptly. We saw this happening when we mentioned concerns some clients had around privacy. Clients told us they sometimes did not have enough privacy due to having to speak to staff behind glass. The manager took immediate action by putting up signs to advise clients of the availability of a private room and that there was a microphone installed at the reception counter. This helped to ensure client privacy was protected.

Are substance misuse services well-led?

Vision and values

The provider's values were respect, empowerment, quality and partnership. The objectives for staff at The Gate were based around these values which staff understood.

NECA's mission statement was to promote the prevention, recognition and treatment associated to use and misuse of substances including alcohol drugs and gambling.

Substance misuse services

Staff told us that the deputy chief executive, human resources manager, chair and quality assurance manager had visited the service within the last 12 months.

Good governance

We looked at seven personnel files of staff working at the service. All seven staff had received regular supervision, probation reviews and annual appraisals.

The Gate used key performance indicators to monitor its service delivery and was either meeting or on track to meet all of its targets at the time of the inspection. The Darlington Borough Council set these performance indicators.

Clinical governance meetings were held on a monthly basis at the service. The meetings looked at following topics:

- training
- audits
- case management systems
- safeguarding
- equality and diversity
- incidents
- complaints
- quality reviews
- policies and procedures
- National Institute for Excellence in Care Standards
- reviews following client deaths Deceased Client Reviews
- team performance
- Care Quality Commission inspections and expectations.

Staff received updates about discussions and decisions made at clinical governance meetings from the service manager during team meetings, specific briefings, local best practice groups and training sessions.

Managers at The Gate told us that they had enough authority to carry out their roles effectively.

NECA had an organisational strategic risk register in place. This included identified aspects of risk to the organisation, impacts of such risks and associated action plans to minimise any such risks. The organisation's senior management group and group executive committee reviewed the risk register.

Staff fed into risk management monitoring by reporting relevant risks to local service managers who then escalated them senior management. Local services conducted risk assessments including health and safety risk assessments and governance risk/self-assessments. The Gate had three items included on the risk register, each relating to the implications of any future funding reductions.

Following staff consultation a decision was made that there would be protected learning time for staff and managers from September 2016. This was to ensure quality of care; learning and continual improvement took place throughout the service. It also ensured that staff were competent and compliant with any potential changes within policies, procedures and allowed for the sharing of good practice and discussion around service developments.

Leadership, morale and staff engagement

Staff we spoke with at the service told us they could raise any concerns or suggestions and that feedback was actively encouraged by senior managers either during supervision or at team meetings. They all spoke highly of the registered manager; said their managers were supportive and that staff morale was high. Staff told us that there was a high level of peer support.

Staff had suggested that the service should have a room where they could take some time out after dealing with particularly upsetting or challenging issues and the registered manager had agreed to do this.

Commitment to quality improvement and innovation

NECA contributed to drug related death reviews across Durham and Darlington by attending meetings chaired by Durham and Darlington Public Health. NECA provided detailed information and shared learning from deaths. NECA reviewed all deaths within their services and these were discussed in monthly governance meetings for review and learning by the Medical Director. Any learning points identified were shared within team meetings and taken into the quarterly meetings attended by doctors.

The Gate worked in partnership with the local community and services regarding needle finds, including landlords and the Town Rangers, a local group responsible for keeping the town area safe and free from litter. The service displayed pictures in its harm reduction rooms of needle finds within the community to encourage clients to take responsibility for their equipment.

In August 2016, The Gate implemented an incentive raffle draw for clients to enter when they returned their used

equipment back to the service. A client drew the raffle every month and the winning ticket was displayed in the service. The prize was a £10 Boots Voucher. This initiative led to an improvement in client return rates. Between January and July 2016, return rates were between 61% and 89% but after the raffle was introduced, the rates were between 79% and 91%.

In addition to the increased return rates, there was increased contact with the winning client, which ensured there was a regular review of their health and wellbeing.

NECA's Medical Director, provided feedback regarding the revised Drug Misuse and Dependence: UK guidelines on clinical management book (more commonly known as the Orange Book) guidance. This included feedback and suggestions concerning comprehensive parent assessments, changes in practices and risk behaviour of users of image and performance enhancing drugs and the importance of being aware of the implications of using drugs whilst driving.

Outstanding practice and areas for improvement

Outstanding practice

There was a music room, which was used for the 'Rockovery' group on Monday evenings. Clients were able to learn and play instruments, which also served as a distraction from their addictions.

In August 2016, The Gate implemented an incentive raffle draw for clients to enter when they returned their used equipment back to the service. This initiative led to a marked improvement in client return rates and because there was increased contact with the winning client, staff were able to regularly review their health and wellbeing.